


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90053 008 \*\*\*150.00

<b>DOCUMENT # P97000039000</b>		
1. Entity Name <b>AERONAUTICAL AIRMOTIVE MODIFICATIONS, INC.</b>		

Principal Place of Business <b>6600 N.W. PERIMETER RD MIAMI, FL 33122</b>	Mailing Address <b>P.O. BOX 524515 MIAMI, FL 33152-4515</b>
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2. Principal Place of Business - No P.O. Box # <b>6555 NW 36th ST.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>300-1</b>	Suite, Apt. #, etc.

City & State <b>VIRGINIA GARDENS, FL</b>	City & State
Zip <b>33166</b>	Country <b>USA</b>



01082008 Chg-P CR2E034 (12/06)

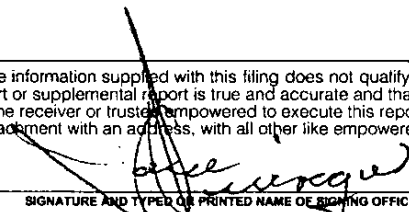
6. Name and Address of Current Registered Agent	
<b>MARQUEZ, JOSE M 782 N.W. 42ND AVENUE., SUITE 548 MIAMI, FL 33126</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State <b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD FAGUNDO, ANA 15250 S.W. 134TH PLACE SUITE 110 MIAMI, FL 33177</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCEO QUIROGA, JESSE 501 NORTH MASHTA DRIVE KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date: <b>01/15/08</b> Daytime Phone #: <b>(305) 871-1693</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	